

COUNTRY PROFILE: DEMOCRATIC REPUBLIC OF CONGO

DEMOCRATIC REPUBLIC OF CONGO COMMUNITY HEALTH PROGRAMS
DECEMBER 2013









Advancing Partners & Communities

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^{*} Adapted from the Health Care Improvement Project's Assessment and Improvement Matrix for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS acquired immunodeficiency syndrome

ARI acute respiratory infection
CHW community health workers
DMPA (IM) Intramuscular Depo-Provera

DRC Democratic Republic of Congo

FAM fertility awareness methods

FBO faith-based organization

FP family planning

HIV human immunodeficiency virus

HMIS health management information system iCCM integrated childhood case management

IRS indoor residual spraying

IUD intrauterine devices

MCH maternal and child health

MCHIP Maternal and Child Health Integrated Program

MOH Ministry of Health

NGO nongovernmental organization

ORS oral rehydration salts

PMTCT prevention of mother-to-child transmission (of HIV)

PPH postpartum hemorrhage

PR Promotional Relais

SDM standard days method

SP sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)

SR Site Relais

VCT voluntary counseling and testing (HIV)

I. INTRODUCTION

I. This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? Please list all that you are aware of. *If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.	Community Care Sites, the community health program, serves as the lowest level of services in the health system in the DRC. The program uses two types of unpaid community-based workers called Community Relais. They are outreach workers that serve as the interface between health centers and communities. The government, in cooperation with various faith-based organizations (FBOs) and NGOs, supports the supervision and implementation of the program.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, nonoperational)?	Providing health care through community health workers (CHWs) dates back to the colonial era in the DRC. Community-based services were halted during the period of conflict from 1990 to 2002. Implementation of the Community Care Sites program began again in 2003.

3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? Please note specific districts/regions, if known.	The Community Care Sites Program offers services countrywide. Currently the program functions in 10 of 11 provinces.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	The program is scaling up in order to deliver services in more communities in the 10 provinces it is already implanted in. The program is seeking to expand the sites where services are offered. Sites are not physical places, but are rather a group of villages.
5	Please list the health services delivered by CHWs ¹ under this program. Are these services part of a defined package? Do these services vary by region?	CHWs deliver health promotion, community mobilization, and sensitization activities throughout the community. CHWs provide specialized services for diarrhea, fever, nutrition, and, increasingly, family planning (FP). These services are all part of a standard package of services outlined by the Ministry of Health (MOH).
6	Are FP services included in the defined package, if one exists?	Yes, family planning services are currently being incorporated into the standard package of services. Currently, services are offered in four provinces: Kasai Occidental, Kasai Oriental, Katanga, and Sud Kivu.
7	Please list the FP services and methods delivered by CHWs.	CHWs distribute male and female condoms, cycle beads, and spermicide in their communities. Additionally, CHWs provide information and education, and referrals for services.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	Services are provided in clients' homes and in community gathering places.

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¹ The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	In the DRC, CHWs are referred to as Community Relais. There are two types of Community Relais: Site Relais and Promotional Relais. Site Relais (SR) receive formal training, which allows them to manage treatment for sick children at the community level. Promotional Relais (PR) are trained to conduct health-related communication activities and mobilization in their community. They mainly provide information and education services.				
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Tasks and responsibilities vary across the two cadres. SRs recof service than PRs.	eive more formal training and are able to deliver a higher level			
"	Total number of CHWs in program? Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	Information unavailable				
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	Site Relais SRs must have a higher level of education than PRs, including the ability to read and write, and have paid employment outside of the responsibilities of being an SR. Additionally, SRs are chosen by their community and therefore must be acceptable to them.				
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. Please break this down by cadre, if known.	Site Relais Receive structured training from the head nurse at the health center each SR is affiliated with. Promotional Relais Information unavailable				
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	Site Relais SRs receive comprehensive initial training, followed by ongoing post-training monitoring and refresher training.	Promotional Relais PR's receive a one-week training for IMCI services. Training for other services is not available.			

15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	SRs primarily provide curative integrated childhood case management (iCCM) services. In some communities, SRs also deliver family planning services. Specifically, SRs provide			Promotional Relais PRs provide health information and education across a variety of health areas. The information provided is based on the specific needs of the community and can include malaria, nutrition, and family planning.		
16	Please list which FP services are provided by which cadre(s), as applicable.		Site Relais		Promotional Relais		
	аррисаоте.	Information/education	CycleBeads®, male and female cond spermicides	oms, and	Not applicable		
		Method counseling	spermicides		Not applicable		
		Method provision			Not applicable		
		Referrals	Not applicable		Not applicable		
17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	Site Relais SRs distribute male and spermicides.	female condoms, CycleBeads, and	Promotio Not applica			
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.		SRs are volunteers, and therefore in some areas SRs do receive	Promotio PRs are vol	nal Relais unteers and are not paid.		
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	Site Relais Information unavailable		Promotio Not applica			
20	Do CHWs work in urban and/or rural areas?	Site Relais Both rural and urban ar	eas	Promotio Both rural	nal Relais and urban areas		

21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Site Relais SRs must be members of the communities they serve prior to providing services.	Promotional Relais PRs must be members of the communities they serve prior to providing services.
22	Describe the geographic coverage/catchment area for each CHW.	Site Relais In the rural areas, there are 3-4 SRs per village and each SR is responsible for reaching 10-15 families. SRs are assigned by roads in the urban areas.	Promotional Relais PRs are theoretically responsible for 15-20 households.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	Site Relais SRs walk to reach their clients. In specific NGO- supported areas, SRs that provide family planning services use bicycles to reach their clients.	Promotional Relais PR's walk to reach their clients.
24	Describe the CHW role in data collection and monitoring.	Site Relais SRs complete new case forms and give them to their MOH supervisor.	Promotional Relais Information unavailable

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the Community Care Sites Program has a decentralized management system. The levels are: Central Provincial District Health Zone
26	Is the MOH responsible for the program, overall?	Yes, the MOH is responsible for the overall program, including the development of the service delivery package (the Paquet Minimum d'Activités), which is comprised of the priority health interventions to address excess morbidity and mortality.
27	What level of responsibility do regional, state, or local governments have for the program, if any? Please note responsibility by level of municipality.	The Central level is responsible for developing policies and directives related to the community health program. The Provincial and District levels share responsibility in providing technical support to the Health Zones in implementing the community health program. The Health Zone level is directly responsible for the community health program. All program planning, implementation, monitoring, and management takes place at this level.
28	What level of responsibility do international and local NGOs have for the program, if any?	Nongovernmental organizations and FBOs assist in implementing the community health program. For example, the addition of family planning services to the service delivery package is supervised by NGOs.
29	Are CHWs linked to the health system? Please describe the mechanism.	Yes, both SRs and PRs are linked to the health system through the health centers.

30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	The head nurses or other health center staff members from the central office or health zone supervise SRs. Due to difficulties in coordinating routine visits with SRs, supervision occurs after organized trainings. This supervision period includes direct observation of SRs and monitoring their completed data collection forms. Supervisors receive routine supervision at the Central or Provincial level. No information is available on who supervises PRs.
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	Both cadres refer clients to the local health center for additional services.
32	Where do CHWs refer clients specifically for FP services? Please note by method.	CHWs refer clients to health centers. Specific information by method is unavailable; however, SRs would not need to refer for male or female condoms, or CycleBeads, since they can distribute those contraceptive commodities.
33	Are CHWs linked to other community outreach programs?	Information unavailable
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Knowledge sharing between SRs and supervisors occurs during supervision visits and periodic one-day post-training monitoring meetings organized by the health center head nurses.
35	What links exist to other institutions (schools, churches, associations, etc.)?	Churches have worked very closely with the MOH in several health zones to expand the reach of the Community Care Sites. Many churches and church leaders have been trained in information and education, and then train members of their churches to also spread health education messages. SRs and PRs are not directly linked to these church-based interventions.

36	Do vertical programs have separate CHWs or "share/integrated"?	According to the Maternal and Child Health Integrated Program (MCHIP) iCCM Summary Report, the MOH considers the package of services an integrated community health program. Prior to implementing iCCM services, malaria, acute respiratory infection (ARI), and nutrition services were provided through separate programs. By incorporating these different health areas, and family planning, within the service delivery package of each cadre, the program provides a more integrated package of services than it did previously.
37	Do they have data collection/reporting systems?	SRs submit their data collection forms to their supervisor. Supervisors complete individual monitoring forms when observing SRs perform their work. Both forms are entered into an e-monitoring system, which aggregates data collected and records data in the health management information system (HMIS) system.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	Information unavailable
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	Information unavailable
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Information unavailable

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? Please provide a link if available online.	There is not a stand-alone community health policy for the Community Care Sites Program.
42	Is the community health policy integrated within overall health policy?	The use of CHWs (both SRs and PRs) is incorporated into the National Health Development Plan. The use of SRs for the implementation of iCCM is of particular note within the national policy.
43	When was the last time the community health policy was updated? (months/years?)	There is no stand-alone community health policy. However, the latest revision to the community health component of the National Health Development Plan occurred in 2010.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The Community Care Sites Program is to be implemented nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	The policy stipulates that PRs cannot provide curative services. Additionally, the policy is very focused on iCCM as a community health strategy.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Information unavailable

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO DEMOCRATIC REPUBLIC OF CONGO (DRC) COMMUNITY HEALTH SERVICE PROVISION

Intervention			Site Relais				Promotional Relais			
Family Planning	Services/Products	Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral	
	Standard days method (SDM)/ fertility awareness methods (FAM)	х	×	×						
	Male Condoms	х	Х	×						
	Female condoms	х	Х	×						
	Oral pills									
	Intramuscular Depo-Provera (DMPA (IM))									
	Implants									
	Intrauterine devices (IUDs)									
HIV/AIDS	Voluntary counseling and testing (VCT)									
	Prevention of mother-to-child transmission (PMTCT)									

Maternal and Child Health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)						
	Zinc						
	Oral rehydration salts (ORS)						
	Immunizations						
Malaria	Bed nets						
	Indoor residual spraying (IRS)						
	Sulphadoxine- pyrimethamine (for treatment of uncomplicated malaria) (SP)						
iCCM		×		×	×		X

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